

NOTICE OF PRIVACY PRACTICES

Michiana Eye Center

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relate to your past, present or future physical or mental health condition and related health care services. If you have any questions about this notice, contact our practice administrator, Scott Grimm, (574) 271-3939.

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: Your healthy information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information of dates of service, the services provided, and the medical condition being treated.

Healthcare Operations: Your health information may be used as necessary to support the day-to-day activities and management of Michiana Eye Center. For example information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

We will share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state’s public health department.

Other Uses and Disclosures Require Your Written Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information:

Appointment Reminders and Surveys - Your health information will be used by our staff to send you appointment reminders and surveys. If you provide us with your e-mail address or cell phone number, you may receive an electronic message giving you the opportunity to tell us about your experience and to “opt out” of receiving appointment reminders via email or text.

Marketing – Your prior authorization is required before we may use or disclose your PHI to provide you with information about treatment alternatives or other health-related benefits and services offered by us. We will not sell or otherwise benefit from the use or disclosure of PHI to a third party without the patient’s written authorization.

Fund Raising – If and when applicable, you will be contacted prior to sharing your information for fundraising efforts. If fundraising is planned, you will be given the opportunity to “opt out” of receiving fundraising communications.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your PHI
- the right to receive confidential communications concerning your medical condition and treatment
- the right to be notified if a breach of confidentiality involves the patient’s PHI
- the right to receive an accounting of how and to whom your PHI has been disclosed
- the right to inspect and copy your PHI
- the right to amend or submit corrections to your PHI
- the right to receive a printed copy of this notice

Right to Request Restrictions

You have the right to request a restriction or limitation of the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. For example, you have the right to restrict our use or disclosure of information about a specific treatment you received to your health plan for which you pay in full and out of pocket.

We may or may not be able to comply with your request. However, if we do agree, we will comply with it unless we are required to disclose it by law or for emergency treatment and the restricted PHI is needed for such treatment. To request restrictions, you must make your request in writing. In your request, you must indicate: what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

Right to Request Confidential Communications

You have the right to request that we will communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

Right to be Notified of a Confidentiality Breach

You have the right to be notified in the event there is unauthorized acquisition, access, use, or disclosure of PHI that relates to the you which compromises the security or privacy of such

information unless the unauthorized recipient would not reasonably have been able to retain such information. Notification will vary depending on the nature and the extent of the breach.

Right to Amend

If you feel that the medical information we have about you in your records is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as Michiana Eye Center maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated, signed by you and notarized. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us (unless the individual provides a reasonable basis to believe the originator no longer available to make amendment;
- is not part of the medical information kept by or for Michiana Eye Center;
- is not part of the information which you would be permitted to inspect and copy; or
- is inaccurate and/or incomplete

Right to Receive an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you, to others. To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back. Your request should indicate in what form you want the list, paper or electronic. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Access, Inspect and Obtain a Copy of PHI

You may generally inspect or obtain a copy of the PHI that we maintain. You have the right to receive this information in paper or electronic copy. As permitted by federal regulation, we ask that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting our medical receptionist or Practice Administrator. Your request will be reviewed and will generally be approved unless there are personal safety, legal or medical reasons to deny the request. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Michiana Eye Center Duties



We are required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all PHI we maintain.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Practice Administrator
Michiana Eye Center
230 E. Day Rd., #100
Mishawaka, IN 46545

If you believe that your privacy rights have been violated by us, you may complain to us or to the Office of Civil Rights. You should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

This notice is effective on September 23, 2013